

10/21

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | HL | | 8-27-01 |
| O.I.P.E. CLASSIFIER | | WGW | 8/31/01 |
| FORMALITY REVIEW | CB | SSC | 10-01-01 |
| RESPONSE FORMALITY REVIEW | | | |

Best Available Copy

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)... Canceled A Appeal
+ Restricted O Objected

| Claim | Date |
|----------|-----------|
| Final | |
| Original | |
| 1 | 9-09-2004 |
| 2 | 9/12/05 |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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886/2/01
10/01